



Standard Wheelchair
Prior Authorization (PA) Request Form
(Incomplete Form May Delay Processing)

Table with 2 columns: Provider Information and Member Information. Rows include fields for Ordering Physician Name, Office Phone/Fax, Vendor Name/Phone/Fax, NPI #, Contact Name, Member Name, Member ID #, Member's Date of Birth, and Member's Phone #.

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED):

\*For accessories and add-on features, please list codes and provide supporting documentation

HCPCS code(s) for accessories:

Is this for a rental or purchase? [ ] Rental [ ] Purchase

What is the delivery date for the wheelchair? \_/\_/\_/----

Will this be the member's only wheelchair? ..... [ ] Yes [ ] No

Please answer the following questions for K0001-K0008, E1161 and transport chairs E1037- E1039:

- 1. What is the member's mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living (MRADLs), such as toileting, bathing, feeding, dressing?
2. Does the member require a wheelchair to participate in one or more MRADLs?
3. Will the wheelchair significantly improve his/her ability to participate in one or more MRADLs?
4. Will the member use the wheelchair on a regular basis in the home?
5. Can the member's mobility limitations be sufficiently resolved by the use of a cane or walker?
6. Does the member's home provide adequate access between rooms and surfaces for use of the wheelchair?
7. Has the member expressed an unwillingness to use a manual wheelchair in the home?
8. Does the member have the capabilities to safely self-propel the wheelchair provided, or does the patient have a caregiver who can provide assistance with the wheelchair?

Please answer the following additional questions as applicable:

- 1. If requesting a standard hemi - wheelchair (K0002):
a. Does member require a lower seat height (17" to 18") because of short stature or to allow propulsion by



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using feet? .....  Yes  No

2. If requesting a **lightweight wheelchair (K0003)**:

a. Is the member unable to self-propel using a standard wheelchair in the home? .....  Yes  No

b. Is the member able to self-propel using lightweight wheelchair? .....  Yes  No

3. If the request is for a **high strength lightweight wheelchair (K0004)**:

a. Will the member self-propel the wheelchair while engaging in frequent activities in the home that cannot be performed in standard or lightweight wheelchair? .....  Yes  No

b. Does the member require a seat width, depth, or height that cannot be accommodated by a standard, lightweight, or hemi-wheelchair? .....  Yes  No

c. Will the member be in the wheelchair for at least 2 hours per day? .....  Yes  No

d. Will the member require use of the wheelchair greater than 3 months? .....  Yes  No

4. If the request is for an **ultra-lightweight manual wheelchair (K0005)**:

a. Is the member a full-time wheelchair user? .....  Yes  No

b. Does the member require individualized fitting and adjustments for one or more feature, such as axle configuration, wheel camber or seat and back angles, that cannot be accommodated by a K0001-K0004 manual wheelchair? .....  Yes  No

c. Can the member's needs to be accommodated by a K0001 – K0004 manual wheelchair?  Yes  No

d. Did the member have a specialty evaluation completed by a licensed/certified medical professional (LCMP), such as a PT or OT, or MD with specialized training/experience in rehabilitation wheelchair evaluations which documents the medical necessity for the wheelchair and its special features?  
.....  Yes  No

e. Does the LCMP have a financial relationship with the vendor? .....  Yes  No

f. Will the wheelchair be provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA – certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct in-person involvement in the wheelchair selection? .....  Yes  No

5. If the request is for a **heavy duty wheelchair (K0006)**:

a. Does the member weigh > 250 lbs? .....  Yes  No

b. Does the member have severe spasticity? .....  Yes  No

6. If the request is for an **extra heavy duty wheelchair (K0007)**:

a. Does the member weigh >300 lbs? .....  Yes  No

7. If the request is for a **manual wheelchair with tilt in space (E1161)**:

a. Did the member have a specialty evaluation completed by a licensed/certified medical professional (LCMP), such as a PT or OT, or MD with specialized training/experience in rehabilitation wheelchair evaluations which documents the medical necessity for the wheelchair and its special features?  
.....  Yes  No

b. Does the LCMP have a financial relationship with the vendor? .....  Yes  No



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c. Will the wheelchair be provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA – certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct in-person involvement in the wheelchair selection? .....  Yes  No

8. If the request is for a **custom manual wheelchair (K0008)**:

a. Can the specific configuration required to address the member’s physical and/or functional deficits be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated)? ..  Yes  No

b. Will the member be required to use the wheelchair for > 3 months? .....  Yes  No

**Does the member require any additions or accessories?** .....  Yes  No

a. If yes, please provide code(s) at top of document and submit documentation to support the need for each.

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient’s medical records accurately reflect the information provided. I understand that Experience Health Medicare Advantage <sup>SM</sup> (HMO) may request medical records for this patient at any time in order to verify this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form to:**

Fax 1-919-765-7805

For questions, please call Care Management at 1-833-941-0107.

Experience Health Medicare Advantage <sup>SM</sup> is a HMO plan. This plan has a Medicare contract. Enrollment in the plan depends on contract renewal.